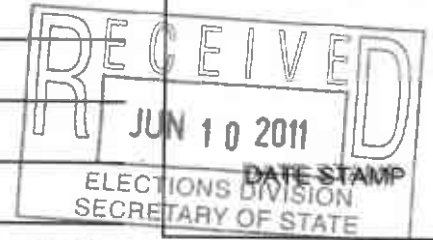


Candidate  
REPORT OF RECEIPTS AND  
DISBURSEMENTSName of Candidate Tate ReevesAddress PO Box 24355 Jackson, MS 39225-4355Telephone 601-936-5800 Home \_\_\_\_\_ Fax \_\_\_\_\_Contact Name Mr. Terry Reeves Email \_\_\_\_\_Office Sought Lt. Governor Political Party Republican☐ Check here if above is different from previous report**TYPE OF REPORT**

- ☐ **May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011)..... **Mandatory**  
☒ **\* June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011)..... **Mandatory**  
☐ **July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011)..... **Mandatory**  
☐ **July 26, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011)..... **Primary Candidates**  
☐ **August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011)..... **Runoff Candidates Only**  
☐ **October 10, 2011 Periodic Report** (July 24, 2011, through September 30, 2011)..... **Mandatory**  
☐ **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 23, 2011)..... **Mandatory**  
☐ **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011)..... **Mandatory**  
☐ **January 10, 2012 Periodic Report** (October 30, 2011, through December 31, 2011)..... **Mandatory**  
☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)..... **Required to terminate reporting obligations**

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such cases, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the

**REPORTED CONTRIBUTIONS AND DISBURSEMENT**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$156,156.47 + \$7,239.00	\$163,395.47	\$888,740.28
Total amount of disbursements	\$455,882.99 + \$783.00	\$456,665.99	\$724,918.08
Total amount of cash on hand		\$1,788,220.17	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Tate Reeves  
Signature of Candidate

6/10/2011  
Date

Authority: Refer to Miss Code Ann. 23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. 23-15-811 and 813

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2011 through 05/31/2011

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Charles Cannada	05/02/2011	\$1,000.00
Mailing Address 4245 Quail Run Road		
City, State, Zip Code Jackson, MS 39211-6202		
Name of Employer (Required) Self		
Occupation (Required) Investor	Aggregate Year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joe C. Steelhammer	05/01/2011	\$500.00
Mailing Address 2252 Cedars		
City, State, Zip Code West Point, MS 39773-9115		
Name of Employer (Required) Southern Ionics		
Occupation (Required) Chemist	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jason Waldrop	05/01/2011	\$250.00
Mailing Address 83 Saint Andrews Drive		
City, State, Zip Code Jackson, MS 39211-2468		
Name of Employer (Required) Jackson Anesthesia Associates		
Occupation (Required) Anesthesiologist	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. and Mrs. Edward Hacskeylo	05/02/2011	\$500.00
Mailing Address 115 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8688		
Name of Employer (Required) Mississippi Roofing Supply		
Occupation (Required) President	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2011 through 05/31/2011

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Tony Geiger</u>	05/03/2011	\$250.00
Mailing Address <u>120 N Congress Street Suite 900</u>		
City, State, Zip Code <u>Jackson, MS 39201-2692</u>		
Name of Employer (Required) <u>Hayes Dent Public</u>		
Occupation (Required) <u>Sales Independent Marketing Business Deve.</u>	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Leigh Camp</u>	05/02/2011	\$250.00
Mailing Address <u>113 Mississippi Street</u>		
City, State, Zip Code <u>Madison, MS 39110-5522</u>		
Name of Employer (Required) <u>Unified Brands</u>		
Occupation (Required) <u>Accounting Manager</u>	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Dr. Don Mitchell</u>	05/03/2011	\$250.00
Mailing Address <u>10 Waterstone Place</u>		
City, State, Zip Code <u>Jackson, MS 39211-5987</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Charles Johnson</u>	05/04/2011	\$250.00
Mailing Address <u>19 Saint Andrews Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-2438</u>		
Name of Employer (Required) <u>McGowan Working Partners</u>		
Occupation (Required) <u>Geologist</u>	<b>Aggregate Year-to-date</b>	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2011 through 05/31/2011

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Johnny Belk</u>	05/03/2011	\$250.00
Mailing Address <u>7409 Attala Road 5053</u>		
City, State, Zip Code <u>Ethel, MS 39067-5692</u>		
Name of Employer (Required) <u>Chevron Corp.</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Jean Bush</u>	05/05/2011	\$250.00
Mailing Address <u>2206 Heritage Hill Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-5821</u>		
Name of Employer (Required) <u>Homemaker</u>		
Occupation (Required) <u>Homemaker</u>	Aggregate Year-to-date	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Leah Patch</u>	05/06/2011	\$10,000.00
Mailing Address <u>718 Inheritance Place</u>		
City, State, Zip Code <u>Flowood, MS 39232-7903</u>		
Name of Employer (Required) <u>Homemaker</u>		
Occupation (Required) <u>Homemaker</u>	Aggregate Year-to-date	\$10,000.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Colin Maloney</u>	05/07/2011	\$300.00
Mailing Address <u>705 Robert E Lee Drive</u>		
City, State, Zip Code <u>Tupelo, MS 38801-5537</u>		
Name of Employer (Required) <u>DBA Boar's Head Bed and Breakfast</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$1,050.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 05/01/2011

through

05/31/2011

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Donna Roberts	05/05/2011	\$1,000.00
Mailing Address 503 N Lamar Boulevard		
City, State, Zip Code Oxford, MS 38655-3205		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$2,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sage Advice, Inc.	05/09/2011	\$250.00
Mailing Address 4785 I 55 N Suite 103		
City, State, Zip Code Jackson, MS 39206-5603		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Troy Johnston	05/09/2011	\$250.00
Mailing Address 4636 Nottingham Road		
City, State, Zip Code Jackson, MS 39211-4928		
Name of Employer (Required) Phelps Dunbar		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Logan Partners, Inc.	05/07/2011	\$250.00
Mailing Address 438 Forest Lake Place		
City, State, Zip Code Madison, MS 39110-9480		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2011 through 05/31/2011

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Jon Turner</u>	05/09/2011	\$250.00
Mailing Address <u>PO Box 23027</u>		
City, State, Zip Code <u>Jackson, MS 39225-3027</u>		
Name of Employer (Required) <u>BKD LLP CPAs and Advisors</u>		
Occupation (Required) <u>CPA-Partner</u>	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Mr. Max Wells</u>	05/09/2011	\$250.00
Mailing Address <u>150 Glenfield Road</u>		
City, State, Zip Code <u>Canton, MS 39046-8897</u>		
Name of Employer (Required) <u>State of Mississippi</u>		
Occupation (Required) <u>Staff</u>	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Sampat Shivangi</u>	05/09/2011	\$250.00
Mailing Address <u>104 Summer Lake Drive</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8630</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Physican</u>	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Mr. J.L. Holloway</u>	05/09/2011	\$500.00
Mailing Address <u>600 Crescent Boulevard Suite B</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8645</u>		
Name of Employer (Required) <u>Tenax, LLC</u>		
Occupation (Required) <u>President</u>	<b>Aggregate Year-to-date</b>	\$500.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 05/01/2011

through

05/31/2011

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Ike Larue	05/09/2011	\$1,000.00
Mailing Address 109 Harper Street		
City, State, Zip Code Ridgeland, MS 39157-8675		
Name of Employer (Required) Quad States Cos		
Occupation (Required) CFO/COO	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) Bobby Bebe	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pathway Management Inc.	05/04/2011	\$1,000.00
Mailing Address 763 Avery Boulevard N		
City, State, Zip Code Ridgeland, MS 39157-5218		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Dental PAC	05/09/2011	\$1,000.00
Mailing Address 2630 Ridgewood Road Suite C		
City, State, Zip Code Jackson, MS 39216-4920		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) Clark Howell- President	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mid-Miss Home Builders	05/10/2011	\$500.00
Mailing Address PO Box 477		
City, State, Zip Code Carthage, MS 39051-0477		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2011 through 05/31/2011

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Doris Belk</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mitchell Metal Products Inc.	05/09/2011	\$1,000.00
Mailing Address PO Box 789		
City, State, Zip Code Kosciusko, MS 39090-0789		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,375.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. James Barksdale	05/06/2011	\$25,000.00
Mailing Address 111 Green Drive		
City, State, Zip Code Jackson, MS 39211-6457		
Name of Employer (Required) Self		
Occupation (Required) Investor	Aggregate Year-to-date	\$25,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Robert H. Dozier- Executive Dire</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Independent Rx Pac	05/11/2011	\$2,500.00
Mailing Address 4209 Lakeland Drive Suite 399		
City, State, Zip Code Jackson, MS 39232-9212		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$7,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Barge	05/09/2011	\$500.00
Mailing Address 706 Magnolia Drive		
City, State, Zip Code Macon, MS 39341-2090		
Name of Employer (Required) Barge Forest Products Company		
Occupation (Required) President	Aggregate Year-to-date	\$500.00



Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2011 through 05/31/2011

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Billy Deviney	05/09/2011	\$4,000.00
Mailing Address PO Box 7179		
City, State, Zip Code Jackson, MS 39282-7179		
Name of Employer (Required) Deviney Construction		
Occupation (Required) Owner	Aggregate Year-to-date	\$4,000.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Frank McWhorter Jr.	05/01/2011	\$1,000.00
Mailing Address PO Box 15099		
City, State, Zip Code Hattiesburg, MS 39404-5099		
Name of Employer (Required) Nicholson & Company, PLLC		
Occupation (Required) CPA	Aggregate Year-to-date	\$1,000.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Richard Mcneel	05/04/2011	\$500.00
Mailing Address 2566 Lake Circle		
City, State, Zip Code Jackson, MS 39211-6624		
Name of Employer (Required) JBHM Architects, P.A.		
Occupation (Required) Principal Architect	Aggregate Year-to-date	\$500.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. and Mrs. Griffin Norquist Jr.	05/09/2011	\$1,000.00
Mailing Address PO Box 600		
City, State, Zip Code Yazoo City, MS 39194-0600		
Name of Employer (Required) Bank of Yazoo City		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 05/01/2011

through

05/31/2011

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Bobbie Simpson	05/11/2011	\$250.00
Mailing Address 513 Silverstone Drive		
City, State, Zip Code Madison, MS 39110-7646		
Name of Employer (Required) Lane Law Firm		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Jennifer Hall	05/11/2011	\$250.00
Mailing Address PO Box 320369		
City, State, Zip Code Flowood, MS 39232-0369		
Name of Employer (Required) Mississippi Manufactured Housing Association		
Occupation (Required) Executive Director	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) Johnnie and Carrie Wood	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heating & Cooling Contractors, Inc.	05/11/2011	\$500.00
Mailing Address PO Box 5681		
City, State, Zip Code Pearl, MS 39288-5681		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ms. Deborah Coleman	05/12/2011	\$250.00
Mailing Address 501 Chuck Wagon Drive		
City, State, Zip Code Brandon, MS 39042-7496		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 05/01/2011

through

05/31/2011

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. and Mrs. William Bynum	05/12/2011	\$250.00
Mailing Address 105 Adderley Boulevard		
City, State, Zip Code Madison, MS 39110-9488		
Name of Employer (Required) ECD/ Hope Community Credit Union		
Occupation (Required) CEO	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Barry Spencer	05/13/2011	\$500.00
Mailing Address 9100 Riverside Drive		
City, State, Zip Code Fort Washington, MD 20744-6863		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) James Rasberry	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rasberry Construction Inc.	05/10/2011	\$500.00
Mailing Address 902 N Jackson Street		
City, State, Zip Code Kosciusko, MS 39090-3142		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Johnie Weems	05/10/2011	\$1,000.00
Mailing Address PO Box 13368		
City, State, Zip Code Jackson, MS 39236-3368		
Name of Employer (Required) Delta Packaging & Supplies		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2011 through 05/31/2011

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Jeffrey Dean</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Century Heating and Cooling, Inc.	05/10/2011	\$500.00
Mailing Address 2057 Attala Road 1223		
City, State, Zip Code Kosciusko, MS 39090-4563		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. David Seago	05/12/2011	\$250.00
Mailing Address 108 Arbor Landing		
City, State, Zip Code Brandon, MS 39047-7082		
Name of Employer (Required) Oral and Maxillofacial Surgery Associates		
Occupation (Required) Oral Surgeon	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Terry Culpepper</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Culpepper Funeral Services	05/10/2011	\$500.00
Mailing Address 406 E Adams Street		
City, State, Zip Code Kosciusko, MS 39090-3706		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Doris Belk</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mitchell Metal Products Inc.	05/10/2011	\$375.00
Mailing Address PO Box 789		
City, State, Zip Code Kosciusko, MS 39090-0789		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,375.00

Name of Candidate or Committee Friends Of Tate Reeves

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Sandra Chancellor	05/11/2011	\$250.00
Mailing Address 1773 George Road		
City, State, Zip Code Terry, MS 39170-9464		
Name of Employer (Required) Chancellor Funeral Home		
Occupation (Required) Office Administrator	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Jeffrey Lacey	05/10/2011	\$250.00
Mailing Address 1200 Pecan Boulevard		
City, State, Zip Code Kosciusko, MS 39090-4216		
Name of Employer (Required) First M&F Corporation		
Occupation (Required) President and Chief Banking Officer	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patton Insurance, LLC	05/05/2011	\$500.00
Mailing Address 11385 Attala Hwy 43 North		
City, State, Zip Code Kosciusko, MS 39090		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. William Atwood	05/04/2011	\$250.00
Mailing Address PO Box 849		
City, State, Zip Code Kosciusko, MS 39090-0849		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$250.00

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## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) Bill and Donna Singletary	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Builders Specialties, Inc.	05/13/2011	\$500.00
Mailing Address 941 S Gallatin Street		
City, State, Zip Code Jackson, MS 39204-3017		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Heath Walters	05/16/2011	\$250.00
Mailing Address 167 N Maple Street		
City, State, Zip Code Ridgeland, MS 39157-2308		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Jennifer McGehee	05/14/2011	\$250.00
Mailing Address 2258 Bellingrath Road		
City, State, Zip Code Jackson, MS 39211-6143		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Kelly Haber	05/11/2011	\$250.00
Mailing Address 190 Parke Drive		
City, State, Zip Code Ridgeland, MS 39157-9402		
Name of Employer (Required) Ballet Mississippi School		
Occupation (Required) Instructor	Aggregate Year-to-date	\$250.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Sara Graham	05/13/2011	\$250.00
Mailing Address 206 W Leake Street		
City, State, Zip Code Clinton, MS 39056-4254		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr. Lawrence S. Goldstein	05/12/2011	\$250.00
Mailing Address 4011 Ridgewood Road		
City, State, Zip Code Jackson, MS 39211-6469		
Name of Employer (Required) The Women's Clinic		
Occupation (Required) physician (OB/GYN)	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name West Quality Food Services, Inc.	05/17/2011	\$500.00
Mailing Address PO Box 2906		
City, State, Zip Code Laurel, MS 39442-2906		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Coleman Hammons Construction Co., Inc.	05/16/2011	\$1,000.00
Mailing Address PO Box 703		
City, State, Zip Code Brandon, MS 39043-0703		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Mr. And Mr. Fred Harrell Jr.</u>	05/17/2011	\$500.00
Mailing Address <u>306 E Government Street</u>		
City, State, Zip Code <u>Brandon, MS 39042-3262</u>		
Name of Employer (Required) <u>Harrell and Rester</u>		
Occupation (Required) <u>Attorney</u>	<b>Aggregate Year-to-date</b>	\$500.00

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Anthony Ritter Designs/glo, Inc.</u>	05/17/2011	\$250.00
Mailing Address <u>2951 Old Canton Road</u>		
City, State, Zip Code <u>Jackson, MS 39216-4211</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Dr. Ellen K Williams</u>	05/08/2011	\$2,000.00
Mailing Address <u>118 Upland Road</u>		
City, State, Zip Code <u>Waban, MA 02468-2005</u>		
Name of Employer (Required) <u>Massachusetts General Hospital</u>		
Occupation (Required) <u>Physician</u>	<b>Aggregate Year-to-date</b>	\$2,000.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Dr. and Mrs. Mike Currie</u>	05/12/2011	\$1,000.00
Mailing Address <u>1028 Filgo Road</u>		
City, State, Zip Code <u>Tupelo, MS 38801-8462</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Physician</u>	<b>Aggregate Year-to-date</b>	\$1,000.00



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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Kirk	05/18/2011	\$250.00
Mailing Address 119 Beaufort Circle		
City, State, Zip Code Madison, MS 39110-7962		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. R. H. Dunlap	05/17/2011	\$1,000.00
Mailing Address PO Box 720		
City, State, Zip Code Batesville, MS 38606-0720		
Name of Employer (Required) Dunlap & Kyle		
Occupation (Required) Owner	Aggregate Year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Buddy Gray	05/17/2011	\$500.00
Mailing Address 142 John Branch Road		
City, State, Zip Code Batesville, MS 38606-9106		
Name of Employer (Required) Dunlap & Kyle		
Occupation (Required) Cfo	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Shannon Warnock	05/17/2011	\$250.00
Mailing Address 125 Claiborne Cove		
City, State, Zip Code Ridgeland, MS 39157-9707		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$250.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name Mr. Joey Havens	05/18/2011	\$250.00
Mailing Address 130 Northshore Point		
City, State, Zip Code Madison, MS 39110-7260		
Name of Employer (Required) Horne LLP		
Occupation (Required) CPA - Partner in Charge, Specialty Accounting	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name Mrs. Lisa Rotolo	05/18/2011	\$250.00
Mailing Address 102 Cherry Laurel Court		
City, State, Zip Code Ridgeland, MS 39157		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name Dr. Kara B. Rosamond	05/15/2011	\$250.00
Mailing Address 909 Montrose Drive		
City, State, Zip Code Ridgeland, MS 39157-1394		
Name of Employer (Required) Self		
Occupation (Required) Physician	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name Mr. Harry Mayer	05/19/2011	\$250.00
Mailing Address 7641 Woodridge Circle		
City, State, Zip Code Meridian, MS 39305-9477		
Name of Employer (Required) Harry Mayer Clothiers		
Occupation (Required) Owner	<b>Aggregate Year-to-date</b>	\$250.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Jerome E. Hoeniges	05/19/2011	\$250.00
Mailing Address 2202 Windwood Terrace NW		
City, State, Zip Code Brookhaven, MS 39601-8128		
Name of Employer (Required) BancorpSouth		
Occupation (Required) Chief Investment Officer	Aggregate Year-to-date	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Lisa Miskelly	05/19/2011	\$250.00
Mailing Address 110 Dogwood Lane		
City, State, Zip Code Madison, MS 39110-8138		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Phyllis Tackitt	05/09/2011	\$250.00
Mailing Address 511 Bolton Brownsville Road		
City, State, Zip Code Bolton, MS 39041-9410		
Name of Employer (Required) Southern Fired Glass		
Occupation (Required) Owner/Glass Artist	Aggregate Year-to-date	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr. John Marascalco	05/05/2011	\$250.00
Mailing Address 1300 Sunset Drive Suite A		
City, State, Zip Code Grenada, MS 38901-4081		
Name of Employer (Required) Self		
Occupation (Required) Physician (dermatologist)	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Worth Thomas	05/20/2011	\$2,000.00
Mailing Address PO Box 774		
City, State, Zip Code Jackson, MS 39205-0774		
Name of Employer (Required) Worth Thomas Consultants		
Occupation (Required) Consultant	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Connie Thomas	05/19/2011	\$1,000.00
Mailing Address PO Box 774		
City, State, Zip Code Jackson, MS 39205-0774		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeffery P. Reynolds	05/16/2011	\$1,000.00
Mailing Address PO Box 24597		
City, State, Zip Code Jackson, MS 39225-4597		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Richard Mills	05/18/2011	\$5,000.00
Mailing Address 602 Crescent Place Suite 100		
City, State, Zip Code Ridgeland, MS 39157-8676		
Name of Employer (Required) Tellus Operating Group, LLC		
Occupation (Required) owner	Aggregate Year-to-date	\$5,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Denny Terry</u>	05/18/2011	\$1,000.00
Mailing Address <u>PO Box 1557</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-1557</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$2,000.00

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Mr. Preston Lamm</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Rcmg, LLC</u>	05/18/2011	\$500.00
Mailing Address <u>168 Beale Street</u>		
City, State, Zip Code <u>Memphis, TN 38103-3714</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Megan Mullen</u>	05/20/2011	\$5,000.00
Mailing Address <u>116 Belmont Drive</u>		
City, State, Zip Code <u>Starkville, MS 39759-4267</u>		
Name of Employer (Required) <u>Homemaker</u>		
Occupation (Required) <u>Homemaker</u>	Aggregate Year-to-date	\$5,000.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Stephen Clay</u>	05/24/2011	\$5,000.00
Mailing Address <u>2 Sheffield Court</u>		
City, State, Zip Code <u>Jackson, MS 39211-5756</u>		
Name of Employer (Required) <u>The Clay Firm</u>		
Occupation (Required) <u>Lobbyist</u>	Aggregate Year-to-date	\$5,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Ms. Joan Kaye</u>	05/18/2011	\$250.00
Mailing Address <u>157 Belle Pointe</u>		
City, State, Zip Code <u>Madison, MS 39110-8287</u>		
Name of Employer (Required) <u>American Red Cross</u>		
Occupation (Required) <u>Financial Development</u>	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Mr. Wilson La Foe</u>	05/20/2011	\$1,000.00
Mailing Address <u>102 Farringdon Court</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-9790</u>		
Name of Employer (Required) <u>Investments</u>		
Occupation (Required) <u>Self</u>	<b>Aggregate Year-to-date</b>	\$1,000.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Mr. Steve Golding</u>	05/24/2011	\$2,500.00
Mailing Address <u>100 Lee Street</u>		
City, State, Zip Code <u>Vicksburg, MS 39180-5070</u>		
Name of Employer (Required) <u>Golding Barge Line</u>		
Occupation (Required) <u>President</u>	<b>Aggregate Year-to-date</b>	\$2,500.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Mrs. Kathy Barnes</u>	05/21/2011	\$250.00
Mailing Address <u>108 Planters Grove</u>		
City, State, Zip Code <u>Brandon, MS 39047-9040</u>		
Name of Employer (Required) <u>Alex &amp; Lele</u>		
Occupation (Required) <u>Principal</u>	<b>Aggregate Year-to-date</b>	\$250.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Evan Johnson & Sons Construction, Inc.	05/19/2011	\$1,000.00
Mailing Address PO Box 111		
City, State, Zip Code Brandon, MS 39043-0111		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Jamie &amp; Kim Wier; Michael Boer</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wier Boerner Architecture	05/25/2011	\$500.00
Mailing Address 2906 N State Street Suite 106		
City, State, Zip Code Jackson, MS 39216-4239		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$750.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Mr. Perry L. Nations and Mr. Wil</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi AGC-PAC	05/20/2011	\$2,500.00
Mailing Address PO Box 12615		
City, State, Zip Code Jackson, MS 39236-2615		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Coalition For Progress	05/20/2011	\$10,000.00
Mailing Address PO Box 1591		
City, State, Zip Code Jackson, MS 39215-1591		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00

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05/31/2011

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. and Mrs. John Lee Jr.	05/19/2011	\$5,000.00
Mailing Address PO Box 1470		
City, State, Zip Code Hattiesburg, MS 39403-1470		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. C.T. Finnegan	05/17/2011	\$2,500.00
Mailing Address 1200 Velma Street		
City, State, Zip Code Hattiesburg, MS 39402-2749		
Name of Employer (Required) Finlo Construction Company, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$3,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Paul Richard Lambert	05/23/2011	\$2,500.00
Mailing Address 119 Hardy Street		
City, State, Zip Code Hattiesburg, MS 39401-3820		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Carl Nicholson	05/21/2011	\$1,000.00
Mailing Address PO Box 15099		
City, State, Zip Code Hattiesburg, MS 39404-5099		
Name of Employer (Required) Nicholson & Company, PLLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00



Name of Candidate or Committee Friends Of Tate Reeves

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Victor Roberts	05/23/2011	\$500.00
Mailing Address PO Box 608		
City, State, Zip Code Hattiesburg, MS 39403-0608		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Michael Shemper	05/23/2011	\$500.00
Mailing Address PO Box 1727		
City, State, Zip Code Hattiesburg, MS 39403-1727		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Charlie T. Sutherland	05/23/2011	\$2,000.00
Mailing Address 12 Waterford Drive		
City, State, Zip Code Hattiesburg, MS 39402-2927		
Name of Employer (Required) L&A Contracting Company		
Occupation (Required) Owner/Managing Partner	Aggregate Year-to-date	\$2,000.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Claudia Hauberg	05/20/2011	\$250.00
Mailing Address 3946 Old Canton Road		
City, State, Zip Code Jackson, MS 39216-3617		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Mr. Ted Edwards</u>	05/21/2011	\$250.00
Mailing Address <u>3 Legare Court</u>		
City, State, Zip Code <u>Clinton, MS 39056-9324</u>		
Name of Employer (Required) <u>Haddox Reid Burkes &amp; Calhoun PLLC</u>		
Occupation (Required) <u>CPA - Member in Charge of Tax Services</u>	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Mrs. Leslie Ezelle</u>	05/19/2011	\$250.00
Mailing Address <u>3746 Old Canton Road</u>		
City, State, Zip Code <u>Jackson, MS 39216-3518</u>		
Name of Employer (Required) <u>Parkway Properties Inc.</u>		
Occupation (Required) <u>Associate</u>	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Jill Beneke</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Pileum Corporation</u>	05/22/2011	\$250.00
Mailing Address <u>190 E Capitol Street Suite 175</u>		
City, State, Zip Code <u>Jackson, MS 39201-2163</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Mrs. Staci Tyler</u>	05/24/2011	\$250.00
Mailing Address <u>733 Orleans Circle</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-4723</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	<b>Aggregate Year-to-date</b>	\$250.00

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Julie Phillips	05/21/2011	\$250.00
Mailing Address 133 Hidden Heights		
City, State, Zip Code Ridgeland, MS 39157-8627		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) Mr. J Boyd Ingram	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J Boyd Ingram And Associates	05/17/2011	\$500.00
Mailing Address PO Box 1528		
City, State, Zip Code Batesville, MS 38606-4028		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Brasher	05/26/2011	\$500.00
Mailing Address 145 Brasher Road		
City, State, Zip Code Batesville, MS 38606-9179		
Name of Employer (Required) Treasurer Loans of Batesville		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Meek Land Company, Inc.	05/14/2011	\$500.00
Mailing Address 085 Good Hope Road		
City, State, Zip Code Courtland, MS 38620		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Mike Brasell	05/12/2011	\$250.00
Mailing Address 11679 Dummyline Road		
City, State, Zip Code Batesville, MS 38606-6813		
Name of Employer (Required) Self		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Dick and Laurie Monteith</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name R. Monteith Farms	05/26/2011	\$250.00
Mailing Address 1660 Eureka Road		
City, State, Zip Code Batesville, MS 38606-6119		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Henry E. Heafner	05/27/2011	\$300.00
Mailing Address 415 College Street		
City, State, Zip Code Batesville, MS 38606-1608		
Name of Employer (Required) Hallmark Ford		
Occupation (Required) Partner	Aggregate Year-to-date	\$300.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Panola Check Delay	05/18/2011	\$250.00
Mailing Address 347A Highway 6 W		
City, State, Zip Code Batesville, MS 38606-2558		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Panola Title Loans, Inc.	05/18/2011	\$250.00
Mailing Address 347B Highway 6 W		
City, State, Zip Code Batesville, MS 38606-2558		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Allstate Insurance Company PAC	05/03/2011	\$500.00
Mailing Address 2775 Sanders Road Suite A5		
City, State, Zip Code Northbrook, IL 60062-6110		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Erin Lane	05/26/2011	\$250.00
Mailing Address 200 Catherine Corner		
City, State, Zip Code Brandon, MS 39047-7389		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Amy Bates	05/27/2011	\$250.00
Mailing Address 630 Berridge Drive		
City, State, Zip Code Ridgeland, MS 39157-2847		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Justin Brasell	05/23/2011	\$531.47
Mailing Address 5362 Carolwood Drive		
City, State, Zip Code Jackson, MS 39211-4267		
Name of Employer (Required) Self		
Occupation (Required) Consultant	Aggregate Year-to-date	\$532.47
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Senator Ezell Lee	05/28/2011	\$1,000.00
Mailing Address 407 Country Club Drive		
City, State, Zip Code Picayune, MS 39466-2313		
Name of Employer (Required) Mississippi State Senate		
Occupation (Required) Senator	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Tom Underwood	05/27/2011	\$500.00
Mailing Address 3999 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6704		
Name of Employer (Required) Underwood Cos.		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Lewis Mallory Jr.	05/26/2011	\$500.00
Mailing Address 513 Greensboro Street		
City, State, Zip Code Starkville, MS 39759-2861		
Name of Employer (Required) Cadence Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clare Hester	05/30/2011	\$5,000.00
Mailing Address 148 Oakhurst Trail		
City, State, Zip Code Ridgeland, MS 39157-8608		
Name of Employer (Required) Capitol Resources		
Occupation (Required) Partner	Aggregate Year-to-date	\$10,000.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Mitchell Malouf	05/28/2011	\$250.00
Mailing Address 5364 Fairway Street		
City, State, Zip Code Jackson, MS 39211-4266		
Name of Employer (Required) Self		
Occupation (Required) Owner of Frisco Deli, Pearl	Aggregate Year-to-date	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Nan F. Spellings	05/31/2011	\$250.00
Mailing Address 1523 Belmont Street		
City, State, Zip Code Jackson, MS 39202-1202		
Name of Employer (Required) Wishcamper Companies		
Occupation (Required) Developer	Aggregate Year-to-date	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MAE PAC	05/27/2011	\$7,500.00
Mailing Address		
City, State, Zip Code		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$7,500.00

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## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jana Harless Interior Design	05/31/2011	\$250.00
Mailing Address 148 Woods Crossing Boulevard		
City, State, Zip Code Madison, MS 39110-7092		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Dugger Jr.	05/26/2011	\$250.00
Mailing Address 422 College Street		
City, State, Zip Code Batesville, MS 38606-1607		
Name of Employer (Required) City of Batesville		
Occupation (Required) Alderman	Aggregate Year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Robert H. Dozier- Executive Dire</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Independent Rx Pac	05/31/2011	\$5,000.00
Mailing Address 4209 Lakeland Drive Suite 399		
City, State, Zip Code Jackson, MS 39232-9212		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$7,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Allison Muirhead Photography	05/19/2011	\$1,350.00
Mailing Address 516 Silverstone Drive		
City, State, Zip Code Madison, MS 39110-7647		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,350.00



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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenneth Brasell	05/23/2011	\$1,550.00
Mailing Address 175 Highway 35 S		
City, State, Zip Code Batesville, MS 38606-7226		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$1,550.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) Jason Dean	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fidelis Policy Group LLC	05/26/2011	\$1,000.00
Mailing Address 121 Hallmark Place		
City, State, Zip Code Madison, MS 39110-7064		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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## ITEMIZED DISBURSEMENTS

Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	05/01/2011	\$29,000.00
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Media Consulting		Aggregate Year-to-date	\$373,570.18
Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	05/01/2011	\$6,977.50
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Advertising		Aggregate Year-to-date	\$373,570.18
Full Name	Majority Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	135 Professional Drive Suite 104	05/01/2011	\$13,646.04
City, State, Zip Code	Ponte Vedra Beach, FL 32082-6277		
Purpose of Disbursement (Optional) Mail printing, production		Aggregate Year-to-date	\$41,889.23
Full Name	Majority Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	135 Professional Drive Suite 104	05/01/2011	\$12,677.52
City, State, Zip Code	Ponte Vedra Beach, FL 32082-6277		
Purpose of Disbursement (Optional) Mail printing, production		Aggregate Year-to-date	\$41,889.23
Full Name	Nick Clark Printing and Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	965 Highway 51 Suite 4	05/02/2011	\$4,649.69
City, State, Zip Code	Madison, MS 39110-8922		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$10,287.53
Full Name	Atmos Energy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 790311	05/03/2011	\$25.67
City, State, Zip Code	Saint Louis, MO 63179-0311		
Purpose of Disbursement (Optional) Utilities		Aggregate Year-to-date	\$663.48

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## ITEMIZED DISBURSEMENTS

Full Name	Geiger MPI	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 712144	05/03/2011	\$2,339.91
City, State, Zip Code	Cincinnati, OH 45271-0001		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$4,209.62
Full Name	Boyanton Printing, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 320157	05/03/2011	\$2,151.37
City, State, Zip Code	Flowood, MS 39232-0157		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$5,199.09
Full Name	Geiger MPI	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 712144	05/03/2011	\$1,606.26
City, State, Zip Code	Cincinnati, OH 45271-0001		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$4,209.62
Full Name	Entergy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8105	05/03/2011	\$584.84
City, State, Zip Code	Baton Rouge, LA 70891-8105		
Purpose of Disbursement (Optional) Utilities		Aggregate Year-to-date	\$1,527.29
Full Name	Geiger MPI	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 712144	05/03/2011	\$263.45
City, State, Zip Code	Cincinnati, OH 45271-0001		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$4,209.62
Full Name	Entergy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8105	05/03/2011	\$196.36
City, State, Zip Code	Baton Rouge, LA 70891-8105		
Purpose of Disbursement (Optional) Utilities		Aggregate Year-to-date	\$1,527.29

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## ITEMIZED DISBURSEMENTS

<b>Full Name</b>	Entergy	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	PO Box 8105	05/03/2011	\$269.04
<b>City, State, Zip Code</b>	Baton Rouge, LA 70891-8105		
<b>Purpose of Disbursement (Optional)</b> Utilities		<b>Aggregate</b> <b>Year-to-date</b>	\$1,527.29
<b>Full Name</b>	The Donor Tree	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	4266 I 55 N Suite 108	05/03/2011	\$33.39
<b>City, State, Zip Code</b>	Jackson, MS 39211-6393		
<b>Purpose of Disbursement (Optional)</b> Processing Fee		<b>Aggregate</b> <b>Year-to-date</b>	\$495.31
<b>Full Name</b>	Advantage Business Systems	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	5442 Executive Place	05/03/2011	\$616.11
<b>City, State, Zip Code</b>	Jackson, MS 39206-4103		
<b>Purpose of Disbursement (Optional)</b> Office Equipment Lease		<b>Aggregate</b> <b>Year-to-date</b>	\$2,261.89
<b>Full Name</b>	Amerimail Direct	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	125 E South Street	05/03/2011	\$390.01
<b>City, State, Zip Code</b>	Jackson, MS 39201-5106		
<b>Purpose of Disbursement (Optional)</b> Mailhouse services		<b>Aggregate</b> <b>Year-to-date</b>	\$15,418.00
<b>Full Name</b>	D2 Tech Solutions, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	328 Kingsbridge Road	05/03/2011	\$1,196.37
<b>City, State, Zip Code</b>	Madison, MS 39110-8487		
<b>Purpose of Disbursement (Optional)</b> IT Services		<b>Aggregate</b> <b>Year-to-date</b>	\$1,454.24
<b>Full Name</b>	Printed T'S Screenprinting	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	106 Bristol Court	05/03/2011	\$552.33
<b>City, State, Zip Code</b>	Madison, MS 39110-9435		
<b>Purpose of Disbursement (Optional)</b> Printing		<b>Aggregate</b> <b>Year-to-date</b>	\$3,549.06

Name of Candidate or Committee Friends Of Tate Reeves

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## ITEMIZED DISBURSEMENTS

Full Name	Mr. Kenny Ellis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	126 Mockingbird Lane	05/03/2011	\$187.69
City, State, Zip Code	Ridgeland, MS 39157-9408		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$1,157.88
Full Name	The Ritz	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 1490	05/03/2011	\$814.50
City, State, Zip Code	West Point, MS 39773-1490		
Purpose of Disbursement (Optional) Event Expenses & Catering		Aggregate Year-to-date	\$814.50
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	05/04/2011	\$1,070.00
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Mailhouse services		Aggregate Year-to-date	\$15,418.00
Full Name	Nick Clark Printing and Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	965 Highway 51 Suite 4	05/04/2011	\$1,907.81
City, State, Zip Code	Madison, MS 39110-8922		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$10,287.53
Full Name	Southern Telecommunications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12865	05/04/2011	\$453.97
City, State, Zip Code	Jackson, MS 39236-2865		
Purpose of Disbursement (Optional) Office Phones		Aggregate Year-to-date	\$4,122.16
Full Name	Lakeland Income Properties/Stone Creek Assests	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 320219	05/04/2011	\$2,800.00
City, State, Zip Code	Flowood, MS 39232-0219		
Purpose of Disbursement (Optional) Office Rent		Aggregate Year-to-date	\$7,025.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2011 through 05/31/2011

## ITEMIZED DISBURSEMENTS

Full Name	Mr. Jeremy Hughes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3 Nelson Court	05/04/2011	\$2,000.00
City, State, Zip Code	Covington, KY 41015-1047		
Purpose of Disbursement (Optional) Grassroots Org. Consulting		Aggregate Year-to-date	\$9,802.00
Full Name	Mr. Jeremy Hughes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3 Nelson Court	05/04/2011	\$687.01
City, State, Zip Code	Covington, KY 41015-1047		
Purpose of Disbursement (Optional) Reimbursement Travel		Aggregate Year-to-date	\$9,802.00
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/04/2011	\$12,561.93
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$38,394.28
Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	05/04/2011	\$42,159.94
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Media Consulting		Aggregate Year-to-date	\$373,570.18
Full Name	Eddie Johnson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		05/05/2011	\$75.00
City, State, Zip Code			
Purpose of Disbursement (Optional) Office Cleaning		Aggregate Year-to-date	\$225.00
Full Name	Mr. Kenny Ellis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	126 Mockingbird Lane	05/05/2011	\$481.65
City, State, Zip Code	Ridgeland, MS 39157-9408		
Purpose of Disbursement (Optional) Reimbursement Travel		Aggregate Year-to-date	\$1,157.88

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 Reporting Period 05/01/2011 through 05/31/2011

## ITEMIZED DISBURSEMENTS

Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	05/05/2011	\$1,853.98
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Mailhouse services		Aggregate Year-to-date	\$15,418.00
Full Name	Nick Clark Printing and Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	965 Highway 51 Suite 4	05/05/2011	\$23.01
City, State, Zip Code	Madison, MS 39110-8922		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$10,287.53
Full Name	Reception, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 6020	05/11/2011	\$4,150.00
City, State, Zip Code	Ridgeland, MS 39158-6020		
Purpose of Disbursement (Optional) Event Expenses		Aggregate Year-to-date	\$4,150.00
Full Name	Atmos Energy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 790311	05/11/2011	\$29.60
City, State, Zip Code	Saint Louis, MO 63179-0311		
Purpose of Disbursement (Optional) Utilities		Aggregate Year-to-date	\$663.48
Full Name	Cash	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4333 Lakeland Drive	05/13/2011	\$200.00
City, State, Zip Code	Flowood, MS 39232-8947		
Purpose of Disbursement (Optional) Petty Cash		Aggregate Year-to-date	\$1,110.00
Full Name	American Express	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		05/17/2011	\$704.76
City, State, Zip Code			
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$3,100.40

Name of Candidate or Committee Friends Of Tate Reeves

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## ITEMIZED DISBURSEMENTS

<b>Full Name</b>	Aristotle International, Inc.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	200 Pennsylvania Ave. SE	05/17/2011	\$2,250.00
<b>City, State, Zip Code</b>	Washington, DC 20003		
<b>Purpose of Disbursement (Optional)</b> Software		<b>Aggregate</b> <b>Year-to-date</b>	\$4,500.00
<b>Full Name</b>	American Express	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		05/17/2011	\$1,346.06
<b>City, State, Zip Code</b>			
<b>Purpose of Disbursement (Optional)</b> Credit Card Payment		<b>Aggregate</b> <b>Year-to-date</b>	\$3,100.40
<b>Full Name</b>	Nick Clark Printing and Signs	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	965 Highway 51 Suite 4	05/17/2011	\$774.68
<b>City, State, Zip Code</b>	Madison, MS 39110-8922		
<b>Purpose of Disbursement (Optional)</b> Printing		<b>Aggregate</b> <b>Year-to-date</b>	\$10,287.53
<b>Full Name</b>	Gulfport Kiwanis	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	413 Kahler Street Unit 8	05/17/2011	\$250.00
<b>City, State, Zip Code</b>	Gulfport, MS 39507-4266		
<b>Purpose of Disbursement (Optional)</b> Table at event		<b>Aggregate</b> <b>Year-to-date</b>	\$250.00
<b>Full Name</b>	Entergy	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	PO Box 8105	05/17/2011	\$46.28
<b>City, State, Zip Code</b>	Baton Rouge, LA 70891-8105		
<b>Purpose of Disbursement (Optional)</b> Utilities		<b>Aggregate</b> <b>Year-to-date</b>	\$1,527.29
<b>Full Name</b>	On Message, Inc.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	2130 Priest Bridge Drive Suite 11	05/17/2011	\$1,562.50
<b>City, State, Zip Code</b>	Crofton, MD 21114-2457		
<b>Purpose of Disbursement (Optional)</b> Media Consulting		<b>Aggregate</b> <b>Year-to-date</b>	\$373,570.18



Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 05/01/2011 through 05/31/2011

## ITEMIZED DISBURSEMENTS

<b>Full Name</b>	On Message, Inc.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	2130 Priest Bridge Drive Suite 11	05/17/2011	\$7,322.50
<b>City, State, Zip Code</b>	Crofton, MD 21114-2457		
<b>Purpose of Disbursement (Optional)</b> Advertising		<b>Aggregate</b> <b>Year-to-date</b>	\$373,570.18
<b>Full Name</b>	The Donor Tree	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	4266 I 55 N Suite 108	05/17/2011	\$28.53
<b>City, State, Zip Code</b>	Jackson, MS 39211-6393		
<b>Purpose of Disbursement (Optional)</b> Processing Fee		<b>Aggregate</b> <b>Year-to-date</b>	\$495.31
<b>Full Name</b>	D2 Tech Solutions, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	328 Kingsbridge Road	05/17/2011	\$257.87
<b>City, State, Zip Code</b>	Madison, MS 39110-8487		
<b>Purpose of Disbursement (Optional)</b> Email Host Exchange Fee		<b>Aggregate</b> <b>Year-to-date</b>	\$1,454.24
<b>Full Name</b>	Mr. Jeremy Hughes	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	3 Nelson Court	05/17/2011	\$2,000.00
<b>City, State, Zip Code</b>	Covington, KY 41015-1047		
<b>Purpose of Disbursement (Optional)</b> Payroll/Salary		<b>Aggregate</b> <b>Year-to-date</b>	\$9,802.00
<b>Full Name</b>	The Donor Tree	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	4266 I 55 N Suite 108	05/17/2011	\$33.39
<b>City, State, Zip Code</b>	Jackson, MS 39211-6393		
<b>Purpose of Disbursement (Optional)</b> Online Donation Fee-March		<b>Aggregate</b> <b>Year-to-date</b>	\$495.31
<b>Full Name</b>	Cash	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	4333 Lakeland Drive	05/18/2011	\$100.00
<b>City, State, Zip Code</b>	Flowood, MS 39232-8947		
<b>Purpose of Disbursement (Optional)</b> Petty Cash		<b>Aggregate</b> <b>Year-to-date</b>	\$1,110.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 05/01/2011

through

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## ITEMIZED DISBURSEMENTS

Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	05/18/2011	\$2,470.50
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Postage		Aggregate Year-to-date	\$15,418.00
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	05/18/2011	\$2,000.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Grassroots Org. Consulting		Aggregate Year-to-date	\$2,000.00
Full Name	Ingram Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7605 Highway 35 S	05/20/2011	\$3,555.62
City, State, Zip Code	Forest, MS 39074-9480		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$33,114.37
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/20/2011	\$325.49
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$38,394.28
Full Name	Cash	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4333 Lakeland Drive	05/26/2011	\$150.00
City, State, Zip Code	Flowood, MS 39232-8947		
Purpose of Disbursement (Optional) Petty Cash		Aggregate Year-to-date	\$1,110.00
Full Name	Cash	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4333 Lakeland Drive	05/26/2011	\$150.00
City, State, Zip Code	Flowood, MS 39232-8947		
Purpose of Disbursement (Optional) Petty Cash		Aggregate Year-to-date	\$1,110.00

Name of Candidate or Committee Friends Of Tate Reeves

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## ITEMIZED DISBURSEMENTS

Full Name	Cash	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4333 Lakeland Drive	05/31/2011	\$160.00
City, State, Zip Code	Flowood, MS 39232-8947		
Purpose of Disbursement (Optional) BRM Payment		Aggregate Year-to-date	\$1,110.00
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/26/2011	\$2,084.11
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$38,394.28
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/26/2011	\$2,739.81
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$38,394.28
Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	05/27/2011	\$8,400.00
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Advertising		Aggregate Year-to-date	\$373,570.18
Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	05/27/2011	\$15.00
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional) Wire Transfer Fee		Aggregate Year-to-date	\$325.45
Full Name	Mr. Justin Brasell	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5362 Carolwood Drive	05/09/2011	\$10,000.00
City, State, Zip Code	Jackson, MS 39211-4267		
Purpose of Disbursement (Optional) Management consulting		Aggregate Year-to-date	\$40,000.00

Name of Candidate or Committee Friends Of Tate Reeves

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## ITEMIZED DISBURSEMENTS

Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	05/11/2011	\$238,990.00
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Advertising		Aggregate Year-to-date	\$373,570.18
Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	05/03/2011	\$70.00
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional) Internet Banking Fee		Aggregate Year-to-date	\$325.45
Full Name	People Lease	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	689 Towne Center Boulevard Suite B	05/03/2011	\$19,331.49
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$63,078.79
Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	05/03/2011	\$65.40
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional) ACH Debit AuthNet Gateway Billing CCD		Aggregate Year-to-date	\$325.45
Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	05/03/2011	\$18.45
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional) ACH Debit BKCD Processing BKCD		Aggregate Year-to-date	\$325.45
Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	05/03/2011	\$48.60
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional) Banking fee		Aggregate Year-to-date	\$325.45